

DISCLOSURE TO SURPLUS LINE INSURED

FORM SL-3

THE UNDERSIGNED ACKNOWLEDGES THAT HE HAS BEEN INFORMED THAT THE INSURANCE RISK FOR WHICH HE DESIRES COVERAGE HAS BEEN PLACED PURSUANT TO THE SURPLUS LINE INSURANCE LAW; AND THAT HE UNDERSTANDS THAT THE INSURANCE COMPANY'S RATES AND FORMS ARE NOT SUBJECT TO REVIEW BY THE ARKANSAS INSURANCE DEPARTMENT; THAT THE PROTECTION OF THE ARKANSAS PROPERTY AND CASUALTY GUARANTY ACT DOES NOT APPLY TO THE POLICY WRITTEN PURSUANT TO THE SURPLUS LINE INSURANCE LAW; AND THAT A TAX OF 4% IS REQUIRED BY LAW TO BE COLLECTED ON ALL SURPLUS LINE INSURANCE PREMIUMS.

DATE

SIGNATURE OF INSURED

FIRM REPRESENTED, IF APPLICABLE

Address

Telephone Number

Name of Purchasing Group
(if applicable)

(Ed. 4/91)